DO/EO BIBLIOGRAPHIC DATA ENTRY

00RECEIPT DATE: 10 / 24 / SERIAL NUMBER: 09 / 674142 04 / 99 AU99 / 00308 23 / IA FILING DATE: IA NUMBER: PCT/ DELAY WAIVED (Y/N): Y BOGATEZ FAMILY NAME: EDWIN LORENZO DEMAND RECEIVED (Y/N): GIVEN NAME: PRIORITY DATE: 04 / 98 24 / PRIORITY CLAIMED (Y/N): Υ US DESIGNATED ONLY (Y/N): NO BASIC FEE (Y/N): N DAVI109.001A COUNTRY: ATTORNEY DOCKET NUMBER: TELEPHONE 0000000000 CORRESPONDENCE NAME/ADDRESS: CUSTOMER NUMBER: 000000 FAX

NAME: KNOBBE MARTENS OLSON & BEAR

STREET: SIXTEENTH FLOOR

620 NEWPORT CENTER DRIVE

CITY: NEWPORT BEACH

STATE/COUNTRY: CA ZIP: 92660

EMAILS

APPLICATION TITLES:

SAG HANDLE AND METHOD AND MEANS OF ATTACHMENT

TAB TO LAST POSITION, PUSH SEND